



Relocation Plan For:

Displacing Agency:

Prepared By:

Date (s) Prepared:

Please submit for review & approval to Relocation Unit, Division of Community Development, WI Dept. of Commerce, P.O. Box 7970, Madison, WI 53707. Questions? Call 608/264-7822.

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PROJECT DESCRIPTION		PART A
1. Project Name:	2. County(ies):	
3. Project Purpose:	4. Condemnor or Displacing Agency:	
5. Acquisition procedure that agency will follow: <input type="checkbox"/> s. 32.05 <input type="checkbox"/> s. 32.06 <input type="checkbox"/> Other (specify) _____		
6. Relationship of this plan to total placement: a. <input type="checkbox"/> This plan covers all displacement expected for this project. b. <input type="checkbox"/> This is a continuation or amendment to the above project for which a plan had been previously approved by Dept. of Commerce on _____. c. <input type="checkbox"/> This is a 1 st phase plan for the above project which will have subsequent displacement covered in later plans. d. <input type="checkbox"/> Other (specify):		
7. If 6c. above is checked, explain the level of additional displacement expected and why it is not included in this plan:		
8. Project Location (geographic boundaries): <input type="checkbox"/> Project boundaries are shown on attached map.		
9. What source(s) and amount of funds will be used in carrying out this project: <input type="checkbox"/> Local <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Private Est. total project cost _____ Est. public financial contribution _____	10a. If federal funding is expected to support any part of this project, identify the federal agency and program involved: 10b. If state or local funds are expected to be used in any part of the project, identify the agency and program involved:	

PROJECT ADMINISTRATION**PART B**

1. Identify the public official employee or person who is primarily responsible for implementing this plan and is designated as the agency's principal contact on relocation matters:

Name: _____

Title: _____

Address: _____

Agency/Dept/Div: _____

Zip Code: _____

Telephone: _____

2. If the agency is contracting with another agency or person to prepare or implement this plan, identify the contracting person or agency:

Name: _____

Title: _____

Address: _____

Agency/Firm Name: _____

Zip Code: _____

Telephone: _____

3. Identify relocation staff or persons who will be directly involved in providing relocation assistance to project displacees:

Name: _____

Title: _____

Name: _____

Title: _____

Name: _____

Title: _____

4. Identify the name(s) of persons who will be negotiating the acquisition of properties for this project:

Name: _____

Title: _____

Name: _____

Title: _____

Name: _____

Agency/Firm Name: _____

Telephone: _____

5. Will the agency establish a relocation field office?

☐ No (explain) _____☐ Established☐ Will Establish

Office Address: _____

☐ Office within project boundaries

Days & Hours Open: _____

☐ Office approximately _____ blocks from center of project area

Will staff be available evenings by appointment?

☐ Yes☐ No

DISPLACEMENT INVENTORY

PART C

1. Number of parcels to be acquired under this plan:

_____ + _____ = _____
occupied vacant total

2. The displacement data for this plan was obtained during the period:

_____ to _____

3. Displacement Characteristics (by parcel)

Parcel #1:

(Add more pages if necessary)

PROJECT TIMETABLE & COMPETING DISPLACEMENT

PART D

1. Provide a timetable estimate for implementing this project:

	From (month/year)	To (month/year)	Total Months
Property Appraisals			
Land Acquisitions			
Relocation			
Land Clearance			
Other Activity			

2. Will the relocation timetable be extended if necessary to ensure compliance with this relocation plan?

☐ Yes ☐ No

3. Is the agency presently carrying out any other project having displaced persons that may compete for replacement resources identified in this plan?

☐ Yes ☐ No

If yes, describe the number and types of displaced persons remaining to be relocated from existing projects:

4. Are there any other public or private sector displacements in the locality that may compete for replacement resources identified in this plan?

☐ Yes ☐ No

If yes, describe the number and types of displaced persons competing for existing resources:

PROJECT DESCRIPTION**PART E**

1. Describe the Physical Standards applicable for determining decent, safe and sanitary housing:

- ☐ The decent, safe and sanitary standards in Chap. Comm 202.04 will be applicable for this project.
- ☐ The following, higher standards will be applicable for this project:

2. If the replacement payment will not be based on the asking price of the selected comparable, explain the basis and method of adjustment to be used.

- ☐ Not applicable. Payments will be based on the asking price.

3. The Written Notice requirements under Chap. Comm 202.06(2), including a relocation rights pamphlet, were provided to all affected parties on the date(s) shown below:

Date: _____

4. What date do you plan to issue the notice of entitlement to the displaced person(s)?

Date: _____

5. Describe any other Relocation Program Standards which may be applicable for this project and may result in assistance which exceeds the minimum requirements of Chap. Comm 202:

- ☐ None
- ☐ The federal Uniform Relocation Act is applicable.
- ☐ Other (specify):

RELOCATION FEASIBILITY ANALYSIS - RESIDENTIAL					PART F1
DATA ON ACQUIRED UNIT	1. Parcel or Unit Number				
	2. Occupants Status (O) Owner or (T) Tenant				
	3. Family Composition Adults/Children	/	/	/	/
	4. Type of Building Construction	_____	_____	_____	_____
	5. Habitable Area				
	6. Age/State of Repair	/	/	/	/
	7. Total Rooms/Bedrooms	/	/	/	/
	8. Type of Neighborhood				
	9. Distance To: (S) Shopping (T) Transportation (Sch) School	S: T: Sch:	S: T: Sch:	S: T: Sch:	S: T: Sch:
FINANCIAL INFORMATION	10. Gross Income	\$	\$	\$	\$
	11. Current Rent (including utilities)	\$	\$	\$	\$
	12. Value of Acquired Dwelling	\$	\$	\$	\$
	13. Ability To Pay Rent or Purchase	\$	\$	\$	\$
RELOCATION NEEDS	14. Rooms/Bedrooms Needed	/	/	/	/
	15. Habitable Area Required				
	16. Probable Status (O) Owner or (T) Tenant				
COMPARABLE ANALYSIS	17. Number of Comparables Available				
	18. Number of Comparables Expected at Displacement				
	19. Range of sale Price or Rent of Comparables	\$	\$	\$	\$
	20. Comparables From Group Number				
	21. Most Comparable Unit Number and Price	\$	\$	\$	\$
PAYMENTS AND ESTIMATES	22. Move Cost (A) Actual or (F) Fixed	\$	\$	\$	\$
	23. Estimated Owner Replacement Payment	\$	\$	\$	\$
	24. Closing and Incidental Cost Payment	\$	\$	\$	\$
	25. Mortgage Refinancing Payment	\$	\$	\$	\$
	26. Tenant Replacement Payment: R = Rent Differential D = Down Payment	R <input type="checkbox"/> D <input type="checkbox"/> \$	R <input type="checkbox"/> D <input type="checkbox"/> \$	R <input type="checkbox"/> D <input type="checkbox"/> \$	R <input type="checkbox"/> D <input type="checkbox"/> \$

RELOCATION FEASIBILITY ANALYSIS - BUSINESS OR FARM					PART F2	
DATA ON ACQUIRED UNIT	1. Parcel or Unit Number					
	2. Occupants Status (O) Owner or (T) Tenant					
	3. Type of Business or Farm					
	4. Length of Occupancy					
	5. Size of Occupied Area (square feet)					
	6. Estimate of Parking Spaces Required					
	7. Trade Fixtures Included	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	8. Equipment Requiring Special Move					
	9. Farm Size or Tillable Acreage					
FINANCIAL INFORMATION	10. Estimated Annual Gross Income	\$	\$	\$	\$	
	11. Current Rent	\$	\$	\$	\$	
	12. Estimated Value of Acquired Property	\$	\$	\$	\$	
RELOCATION NEEDS	13. Special Features Needed					
	14. Area Required					
	15. Probable Status O) Owner or (T) Tenant					
COMPARABLE ANALYSIS	16. Number of Comparables Available					
	17. Number of Comparables Expected at Displacement					
	18. Range of Sale Price or Rent of Comparables					
	19. Comparables From Group Number					
	20. Most Comparable Unit Number and Price					
PAYMENT ESTIMATES	21. Move Cost (A) Actual (PIL) (PIL) Payment in Lieu					
	22. Tenant Replacement Payment: R = Rent Differential D = Down Payment	R <input type="checkbox"/> D <input type="checkbox"/> \$	R <input type="checkbox"/> D <input type="checkbox"/> \$	R <input type="checkbox"/> D <input type="checkbox"/> \$	R <input type="checkbox"/> D <input type="checkbox"/> \$	
	23. Owner Replacement Payment					
	24. Closing and Incidental Cost Payment					
	25. Mortgage Refinancing Cost Payment					
	26. Reestablishment Cost Payment					

[illegible]

COMPARABLE HOUSING AVAILABLE ON THE PRIVATE MARKET

Group Number _____

☐ For Sale ☐ For Rent

PART H

[illegible]

PUBLICLY ASSISTED HOUSING

PART I

Grand Total: 627 Family Units

[illegible]

ALTERNATIVE REHOUSING PLANS	PART J
<p>1. <input type="checkbox"/> Based upon displacee needs and existing available resources identified within the plan, alternative rehousing plans appear necessary.</p> <p>2. If existing housing resources are marginally available or inadequate or where the workload includes any displacee which may be difficult to relocate (e.g., large family, low-income, elderly, minority group members, handicapped, etc), describe the agency's alternative rehousing plans:</p>	

[illegible]

☐ For Sale ☐ For Rent

PART K

[illegible]

ALTERNATIVE BUSINESS OR FARM RELOCATION PLANS**PART L**

1. ☐ Based upon displacee needs and existing available resources identified within the plan, alternative plans for relocating businesses and farms appear necessary.
2. If existing business or farm resources are marginally available or require substantial modification to be comparable or suitable, describe the agency's plans for accomplishing relocation of business and farm operations:

RELOCATION SERVICES FOR RESIDENTIAL OCCUPANTS	PART M
<p>Describe the relocation assistance services which may be required by residential occupants and will be provided by the agency:</p>	

**RELOCATION SERVICES FOR BUSINESSES, FARMS
AND NON-PROFIT ORGANIZATIONS**

PART N

RELOCATION PAYMENTS PROCEDURES

PART O

- [illegible]

Relocation Claim Filing

2. It is expected that relocation claims will typically be processed and paid within 30 days of claim filing.

GRIEVANCE PROCEDURES

PART P

Describe the agency's procedures for receiving and resolving relocation complaints at the local agency level:

Grievance Procedures

Grievance Procedures

PROPERTY MANAGEMENT POLICIES	PART Q
<p>Describe the agency's policies for property management including the terms of continued occupancy after acquisition but prior to displacement:</p>	
EVICTIOIN POLICIES	PART R
<p>Describe under what circumstances a person may be evicted from the acquired property:</p>	

RELOCATION PLAN ASSURANCES**PART S**

I Certify that this relocation plan contains accurate information and has been prepared in accordance with, and adequately provides for, the delivery of relocation services and payments prescribed under Wisconsin's Relocation Assistance Act, ss. 32.185 - 32.27, Wisconsin statutes and ch Comm 202, Wisconsin Administrative Code. I further assure that:

1. Relocation staff who will implement this plan are familiar with its contents and the requirements of Wisconsin relocation law and Comm 202;
2. Sufficient funds have been appropriated, reserved, set aside or otherwise committed to cover the anticipated relocation costs described in this plan;
3. Families and individuals will have full opportunity to occupy comparable, decent, safe and sanitary housing;
4. Businesses and farms will be provided maximum assistance in reestablishing with a minimum of delay and loss of earnings;
5. Relocation payments will be made promptly by the agency and to the full extent for which displaced persons are eligible;
6. Project and program activities are planned and will be carried out in a manner that minimizes hardships to displaced persons;
7. Relocation will be carried out in a manner that will provide the greatest possible choices within the community's total housing supply; lessen racial, ethnic and economic concentrations; and facilitate desegregation and racially inclusive patterns of occupancy and use of public and private facilities;
8. The relocation process and delivery of payments and services will not result in separate treatment of displaced persons;
9. All displaced persons will be given a reasonable period of time to move and no one will be required to move unless a comparable replacement property is available or provided for;
10. Relocation assistance and advisory services will be provided in accordance with the needs of those persons to be displaced, including but not limited to, social services referrals, job counseling referrals, housing referrals and counseling and transportation to available housing, if necessary.

Name (Chief Executive Officer or Agency Head)

Title

Date Signed

Signature

MAP OF PROJECT AREA	PART T
<p>1. Affix a map or sketch of the project area boundaries as they relate to municipal boundaries or, if more appropriate, to a geographic area:</p>	

PHOTOGRAPHS OF PROPERTY TO BE ACQUIRED	PART U
<p>1. Attach photos of the properties from which displacement will occur. Each photo should be identified with a parcel and unit number, which corresponds with the parcel and unit designations in Part F1 or F2.</p>	